



R.A. Riddell Elementary School

200 CRANBROOK DR
HAMILTON, ON L9C 4S9
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schools.hwdsb.on.ca/riddell
PRINCIPAL: Ms. C. Buck
VICE-PRINCIPAL: Ms. M. Wilson

January 5, 2015

Dear Parents/Guardians of the Basketball Academy,

After delay because of the 'Work to Rule' action and the exam schedule at McMaster I am pleased to announce that we are able to continue our partnership with the McMaster University's Basketball program! We have been able to secure gym times down at the David Braley Centre, starting Wednesdays in January until the end of March. We are working on obtaining more gym times. This will allow our Basketball Academy Students the opportunity to practice as a class on the Mac Campus.

It must be understood that these dates are somewhat fluid due to the nature of working with such a large operation as McMaster's Athletics & Recreation. We will do our best to inform the families and athletes of any changes to this schedule as they may arise.

Below is the Schedule for Basketball Academy Classes

6G		7G		8G	
Jan	19	Jan	12	Jan	13
Jan	26	Feb	3	Jan	20
Feb	2	Feb	16	Jan	27
Feb	10	Feb	23	Feb	17
Feb	24	March	2	March	1
				March	23

Attached are a series of permission forms, please fill those forms out and have your son or daughter hand them back to me by the end of this week. If you have any questions or concerns, please contact me at the school or send me an email (abaillie@hwdsb.on.ca)

Yours in Sport,

Mr. A. Baillie
Basketball Academy Director
R. A. Riddell Elementary School



EDUCATIONAL EXCURSIONS: Information to Parent/Guardian

This page is to be kept at home by the parent/guardian

APPROVED FORM – effective November 2011 – Form only valid when both sides are reproduced

Approval has been granted by Hamilton-Wentworth District School Board to conduct the following educational excursion(s):

SCHOOL: R. A. Riddell PHONE: 905 387 3350 DATE OF EXCURSION: (Schedule)
TEACHER IN CHARGE: Andrew Baillie Departure Time from School: 9:00
Repeat Visits? ☐ No ☒ Yes . . . Dates Jan - March 2016 Return Time to School: 11:30

DESTINATION

Site Name David Braley - McMaster University
Site Address 1200 McMaster University
Location (City/Town/Country) Hamilton
Site Contact Person Amos Connolly
Site Phone Number 905 525 9140

MODE OF TRANSPORTATION

- ☐ Walking
☐ Public Transportation
☒ Pre-Approved Carrier Choose Carrier...
☐ Adult Volunteer Drivers
☐ Student Volunteer Drivers
☐ Student Driving Self - **NB: Students driving self are not covered under the Board's Non-Owned Automobile Insurance coverage.)**

STUDENT LEARNING EXPECTATION(S):

Demonstrate personal and interpersonal skills and the use of critical and creative thinking processes as they acquire knowledge and skills in connection with the expectations in the Active Living and Movement Competence.

STUDENT ACTIVITIES: List **ALL** activities in which students will participate during the excursion. Physical/recreational activities must meet Physical Education Ontario Safety Guidelines.
Running / Passing / Catching / Shooting / Jumping

Traveling to and from McMaster.

GRADE/CLASSES ATTENDING 6G/7G/8G

NUMBER OF STUDENTS <30

COST TO STUDENT - (covered by user fees)

**Payment, Informed Consent (if attached)
& Permission due by:** Fri. Oct. 17

Final Refund Date: _____

☐ This excursion is subsidized. The total cost per student is _____
The subsidy from _____ is _____ per student

TOTAL NUMBER OF SUPERVISORS: 3

Includes: 1 Male Staff 1 Female Staff 1 Volunteers

Number of Volunteer Supervisors Required: 0

Number of Volunteer Drivers Required: 0

See reverse for all volunteer's responsibilities. You may volunteer your services on the attached permission form, or by calling the school.

EXCURSION INFORMATION ATTACHMENTS:

- ☒ Detailed Itinerary
☒ Informed Consent
☒ Equipment, clothing, lunch needs, etc.

REMINDER TO PARENTS/GUARDIANS:

The student's participation is subject to receiving your approval. You must complete and **return** to the school by the **indicated due date:**

- the attached **permission form**, and
 - (if attached) the **Informed Consent Letter** for your child to participate in this school excursion.
- Please review the responsibilities on the back of thispage.

RESPONSIBILITIES OF PARENT/GUARDIAN, STUDENT SUPERVISOR AND VOLUNTEER DRIVER

PARENT/GUARDIAN

- complete all appropriate forms and return to school, with funds, by date indicated
- update emergency health information
- review excursion expectations, School Code of Conduct, Code of Conduct on School Related Vehicles
- continue to provide daily required and emergency medications as customary in the school setting
- provide approved child car seats for children under 18 kg (40 lbs) for Volunteer Drivers
- if applicable, obtain additional student insurance

STUDENT

- comply with educational excursion expectations and Codes of Conduct

VOLUNTEER SUPERVISOR

- be well-informed about the details of the educational excursion and responsibilities
- model appropriate standards of behaviour
- report any accident, injury or discipline issue to the teacher in charge
- respect the confidentiality of the student, teacher and the school
- understand that pre-schoolers, students in other classes or schools, and pets, are not permitted due to insurance implications

VOLUNTEER DRIVER

- meet requirements of Educational Excursion Volunteer Driver form
- complete and return form to school
- ensure children under 18 kg (40 lbs), are seated in approved child car seats
- ensure children under 12 years of age, are seated in the back seat if vehicle has front passenger air bags



EDUCATIONAL EXCURSIONS: Informed Consent / Permission Form

Category I, II & III Excursions

APPROVED FORM – effective November 2011

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE.

R. A. Riddell - Basketball Academy _____ is arranging

(name of school)

Training at McMaster University's David Braley Centre

(description of activity and dates)

ELEMENTS OF RISK:

Educational activity programs, such as Conditioning & Skill Development involve certain elements of risk.
(description of activity)

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

- | | |
|---|---------------------------------------|
| 1. <u>Injuries related to travel.</u> | 3. <u>Injuries related to eating.</u> |
| 2. <u>Injuries related to activity (sprains, bumps)</u> | 4. _____ |

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in this activity on (see Schedule) you must understand that you bear the responsibility for any injury that might occur. (date)

*The Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.
Student Accident Insurance coverage is available and may be purchased through the current carrier, Reliable Life at 1-800-463-KIDS (5437) or ON-LINE at www.insuremykids.com*

Please complete and sign both the Acknowledgement and Permission sections.

ACKNOWLEDGEMENT:

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student (if over 18): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION:

I, _____ give _____ permission to
(name of Parent/Guardian) (name of student)

participate in the _____ to be held on _____
(description of activity) (date)

Signature of Parent/Guardian: _____ Date: _____



EDUCATIONAL EXCURSIONS: Parent/Guardian

Permission & Emergency Information

APPROVED FORM – effective November 2011

This page must be completed and returned to the school by Friday Jan. 8 2016 Date

I hereby request, as the parent/guardian of _____, that he/she be permitted to participate in the

Print full name of student

Student Excursion to David Braley Centre - McMaster University

See Schedule

Name of Destination and Location

on

Date

I approve the transportation arrangements for my child. If my child is under 18 kg (40 lbs), I will provide an approved child car seat for Volunteer Driver use.

I understand that The Hamilton-Wentworth District School Board will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the Board. The School Board has the sole right to cancel a School excursion including the right to cancel or change arrangements for a School excursion without being liable to pay any compensation to the student, parent or guardian in circumstances due to war, threat of war, riot, civil strife, industrial dispute, terrorist activity, natural or nuclear disaster, fire adverse weather conditions or other circumstances amounting to a force majeure. The school Board shall not be liable to make any refund to the student, parent or guardian for deposits or payments received. However, the School Board shall normally endeavour to return any funds, which have not already been allocated, to non-refundable cost of the School excursion. The School Board does not provide nor is it responsible for arranging cancellation insurance. Persons will have to make their own arrangements to obtain insurance protection to protect deposits in the event a School excursion is cancelled if they so desire.

Should it be necessary to return my child to home/school prior to the completion of the excursion, I agree to accept responsibility for all arrangements and costs, and also acknowledge the final refund date for the excursion.
I have completed the attached information forms required for this excursion and have updated any change in medical information at the school.

Parent/Guardian Signature

Date

Student Signature (18 years and over)

Date

EMERGENCY CONTACTS FOR EXCURSION DATE(S)

This form will accompany the teacher on the excursion.

Parent /Guardian _____

Phone _____ (home)

_____ (work/cell)

Alternate Contact _____

Phone _____ (home)

_____ (work/cell)

Relationship of Alternate to Student _____

Student's Health Card # _____

***This information is collected, used and disclosed pursuant and subject to the Municipal Freedom of Information and Protection of Privacy Act. It is collected, kept and will be used only in the event of an accident or illness of your child/charge. By signing this form, you consent to the disclosure of such personal information and allow us to proceed at the teacher's or supervisor's discretion if we were unable to contact the above persons.

VOLUNTEER SUPERVISORS & VOLUNTEER DRIVERS

If volunteer supervisors and drivers are required as indicated on the Information Sheet, please complete this section.

I am available to Supervise..... ☐ Yes ☐ No

I am available to Drive..... ☐ Yes ☐ No

Number of Front Seatbelts available: _____

Number of Rear Seatbelts available: _____

Name _____

Contact Phone Number _____

*** Drivers will receive an Educational Excursions: Volunteer Driver form to be reviewed, completed and returned to the school. All volunteer supervisors and drivers must be approved by the Principal/Vice-Principal.

OHIP no longer covers all medical costs incurred outside of Canada.

It is the parent/guardian/student's responsibility to provide comprehensive medical coverage.

Proof of coverage is to be provided for the school at least one week prior to excursions out of province or country.